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| Substitute for Form<br>PTO-1390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>010315-224                        |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                         |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>10/531,870 |
| INTERNATIONAL APPLICATION NO.<br>PCT/FI2004/000540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INTERNATIONAL FILING DATE<br>15 September 2004 (15.09.04) | PRIORITY DATE CLAIMED<br>15 September 2003 (15.09.2003) |  |                                                               |
| TITLE OF INVENTION<br><br><b>SELECTION SYSTEM CONTAINING NON-ANTIBIOTIC RESISTANCE SELECTION MARKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                                         |  |                                                               |
| APPLICANT(S) FOR DO/EO/US<br>Tanel TENSON et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                         |  |                                                               |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ul> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |                                                           |                                                         |  |                                                               |
| <p><b>Items 11 to 21 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <u>Combined Declaration and Power of Attorney.</u></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                                         |  |                                                               |
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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>10/531,870                                                                                                                                                                                   | INTERNATIONAL APPLICATION NO.<br>PCT/FI2004/000540 | ATTORNEY'S DOCKET NUMBER<br>010315-224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 21. <input type="checkbox"/> Applicant(s) requests that the published application include the following assignment information:<br><hr/> <hr/> <hr/> <hr/> <hr/>                                                                                |                                                    | <b>CALCULATIONS PTO USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                       |  |  |  |  |                                                                                                                                                                                                           |  |  |  |  |
| 22. <input type="checkbox"/> The following fees are submitted:                                                                                                                                                                                  |                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Basic Filing Fee (1631)</td> <td style="width: 40%; text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">           CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$         </td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">0</td> <td style="text-align: right;">x \$50.00 (1615)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: right;">x \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Examination Fee</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$200.00 (1633)      \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Search Fee</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$500.00 (1632)      \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td colspan="3" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="3" style="text-align: right; padding: 5px;">TOTAL OF ABOVE CALCULATIONS = \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           +           <br/>           SUBTOTAL = \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td colspan="3" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="3" style="text-align: right; padding: 5px;">TOTAL NATIONAL FEE = \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +         </td> <td colspan="3" style="text-align: right; padding: 5px;">           TOTAL FEES ENCLOSED = \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           Amount to be refunded : _____ charged : _____         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           b. <input type="checkbox"/> Please charge my Deposit Account No. <b>02-4800</b> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">           c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>02-4800</b>. A duplicate copy of this sheet is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">           d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.         </td> <td colspan="3" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="5" style="padding: 10px;">           NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.         </td> </tr> </table> | Basic Filing Fee (1631) | \$ 0.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). |  | CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$ |  | Total Claims | -20 = | 0 | x \$50.00 (1615) | \$ 0.00 | Independent Claims | - 3 = | 0 | x \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  | + \$360.00 (1616) |  |  | Examination Fee |  | + \$200.00 (1633)      \$ 0.00 |  |  | Search Fee |  | + \$500.00 (1632)      \$ 0.00 |  |  | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  | \$ 0.00 |  |  |  |  | TOTAL OF ABOVE CALCULATIONS = \$ 0.00 |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  | +<br>SUBTOTAL = \$ 0.00 |  |  | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  | \$ 0.00 |  |  |  |  | TOTAL NATIONAL FEE = \$ 0.00 |  |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  | TOTAL FEES ENCLOSED = \$ 0.00 |  |  | a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. |  | Amount to be refunded : _____ charged : _____ |  |  | b. <input type="checkbox"/> Please charge my Deposit Account No. <b>02-4800</b> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. |  |  |  |  | c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>02-4800</b> . A duplicate copy of this sheet is enclosed. |  |  |  |  | d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached. |  |  |  |  | NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. |  |  |  |  |
| Basic Filing Fee (1631)                                                                                                                                                                                                                         | \$ 0.00                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$                                                                                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Total Claims                                                                                                                                                                                                                                    | -20 =                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | x \$50.00 (1615)        | \$ 0.00 |                                                        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| Independent Claims                                                                                                                                                                                                                              | - 3 =                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                     |                                                    | + \$360.00 (1616)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Examination Fee                                                                                                                                                                                                                                 |                                                    | + \$200.00 (1633)      \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Search Fee                                                                                                                                                                                                                                      |                                                    | + \$500.00 (1632)      \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)                                                                                                                                                                      |                                                    | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|                                                                                                                                                                                                                                                 |                                                    | TOTAL OF ABOVE CALCULATIONS = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                    |                                                    | +<br>SUBTOTAL = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                            |                                                    | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|                                                                                                                                                                                                                                                 |                                                    | TOTAL NATIONAL FEE = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +                                                          |                                                    | TOTAL FEES ENCLOSED = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.                                                                                                                                                 |                                                    | Amount to be refunded : _____ charged : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| b. <input type="checkbox"/> Please charge my Deposit Account No. <b>02-4800</b> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                     |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>02-4800</b> . A duplicate copy of this sheet is enclosed. |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.                                                                                                                                                             |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                       |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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